

UTAH DIVISION OF WATER QUALITY REQUEST FOR PUBLIC INFORMATION

Information from the Division of Water Quality is available under the provisions of the Utah Government Records Access Management Act (GRAMA). To initiate a request for information, this form must be completed and signed. If you require DWQ services to answer your request, a fee may be charged in accordance with the Utah Department of Environmental Quality's fee schedule (described below). This form must be completed even if it is anticipated that no fee will be charged for DWQ services.

A.) REQUESTOR INFORMATION	
NAME OF REQUESTOR:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
DAYTIME TELEPHONE:FAX:	
EMAIL ADDRESS:	
B.) INFORMATION SOUGHT	
In accordance with the Governmental Records Access Management Act, I am requesting: to view public records (in person) to copy public records if possible, receive information electronically The information being sought is as follows:	
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	_
	_
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	_
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C.) INFORMATION ON FEES

The following fees will apply:

*Copying 5 cents per copy after first 10 copies (if requestor makes copies)

25 cents per copy after first 10 copies (if DWQ makes copies)

*Investigation by Staff

Compiling, searching, tailoring, etc., a record in another format is charged at the rate of the lowest paid staff employee who has the necessary skill and training to perform the request, after the first quarter hour.

D.) DISCLAIMERS

Data maintained by the Utah Division of Water Quality come from numerous different sources. Some of the data have not been updated for many years; some data may not be complete; some data may be inaccurate. Providing this data does not imply any accuracy or completeness. Please be prepared to verify data, as needed. Utah Division of Water Quality provides no warranty nor accepts any responsibility or liability for any inaccurate or incomplete data. Note also that this data is considered to be sensitive for security purposes.

E.) STAFF ESTIMATE OF FEE AND DELIVERY DATE:

if you make your own copies they are 5 cents	s each
Cost estimate made by:	(DWQ staff member name)
Estimated cost:	(if no charge enter NC)
Anticipated delivery date:	
F.) REQUESTOR SIGNATURE	
Please sign where appropriate	
*DWQ staff has informed me that my request wil understand the DISCLAIMER shown above in Ite	· ·
Signature:	
*My request will be subject to a fee, as estimated amount upon delivery of the information I request Furthermore, I have read and understand the DISC	ted.

G.) FORM PROCESSING

Signature:

Please mail the completed form to the address below, or fax it to (801) 538-6016, ATTN: Brianna Ariotti.

H.) PAYMENT INSTRUCTIONS

Payment is due upon receipt of requested documents or information. Please make checks payable to the *Utah Division of Water Quality*. Payment can be mailed to the address below.

GRAMA Coordinator Utah Division of Water Quality P.O. Box 144870 Salt Lake City, UT 84114-4870